Cycling to work means better health, longer life

By EMMA BROWN
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A British medical journal published a study this spring that seemed to confirm what dedicated bicyclists had long suspected: Commuting on two wheels is really, really good for your health.

Compared with driving or taking public transit, bicycling to work is associated with a substantially lower risk of heart disease and cancer — and even premature death from all causes. The health benefits of cycling are even more powerful than walking, according to the study.

That’s not to say that biking doesn’t come with risks. Without the protective steel casing of a car, bikers are vulnerable to being hit by distracted drivers or “doored” — knocked off their bikes when someone exiting a parked car unwittingly opens the door into their path.

But even as bicycling is becoming a more popular way to get around, the number of bicyclists injured in crashes with motor vehicles declined 10 percent nationwide from 2014 to 2015, according to the most recent data available from the Department of Transportation. The number of deaths rose 12 percent, but fatalities among bicyclists remain relatively rare.

But what about the health effects on bicycle commuters riding on exhaust-filled city streets, where they inhale more air pollution from cars, buses and trucks than their counterparts who commute in vehicles and can close their windows?

A 2016 study published in Preventive Medicine suggests that in all but the most polluted parts of the world, the health benefits of biking far outweigh the adverse effects of injuries and of breathing in tiny particulate matter (from car exhausts, among other sources) that lodge deep in the lungs and increase the risk of respiratory diseases and even lung cancer.

Researchers in 2010 found that injuries can subtract five to nine days of life from the average adult cyclist, and air pollution can subtract from one to 40 days, but the benefits of cycling can add three to 14 months to a bicyclist’s life.

September is National Suicide Prevention Month

Suicide can be an uncomfortable topic for many. Stigma from suicide leads to underreporting, but suicide is still the 10th leading cause of death in the United States and the second highest cause of death in our state for 10-34 year olds. On average one Connecticut resident dies by suicide every 23 hours. In 2016 more people died in Connecticut from suicide than from motor vehicle accidents or homicide.

My colleagues in health care have been taken aback at times by my disclosure that I readily and enthusiastically talk about suicide. Talking about suicide and asking questions about suicide saves lives. If I am talking with a group of people about suicide there is rarely a person in the room that has not been connected to someone that has died by suicide. Many have suffered the direct and devastating impact. To talk about it and know they are not alone offers comfort and support.

There is hope for those who have contemplated suicide or survived an attempt to die by suicide. This can include a recovery plan which lends attention to brain health or emotional wellness. For some, daily medications to manage symptoms of depression or other illnesses are necessary. In addition, meaningful discussions with family, friends, or other supporters are integral in creating a recovery plan and long-lasting safety measures to prevent future attempts. Most survivors of suicide attempts report regret following an attempt as they realized death was not an answer, only a temporary solution to a temporary problem or feeling. Helping people identify other options and sources of hope is a key in prevention.

There is also hope for those who have survived the death of a loved one by suicide. Dying by suicide has carried a stigma for centuries that has fostered shame and fear among the surviving family members. Families are often left feeling guilty and isolated which prevents freely talking about the experience or getting help.

Therapy or support groups can help alleviate the range of emotions through the grieving process. Having been on the receiving end of a suicide note I understand the aftermath never totally concludes.

It is a myth that asking about suicide will give someone the idea and put them more at risk. If you are worried about someone, please let them know you care. Ask them directly if they are considering suicide. If they say yes, helping them get to a professional can save a life! Suicide is preventable. Help is available. The National Suicide Prevention Lifeline 800-273-TALK (8255) offers 24-hour support. Their website offers chat options www.suicidepreventionlifeline.org. The Crisis Text Line offers 24 hour support via texting HOME to 741741.

Rebecca Colasanto is a licensed clinical social worker and the director of clinical operations at the Bristol Hospital Counseling Center located at 420 North Main Street in Bristol. If you are interested in making an appointment with a therapist or want to learn more about the services available call 860-583-5858.